Electronic Claim Submission Reporting

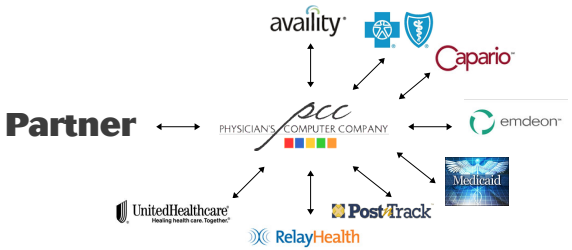
Where do my electronic claims go?

- Partner sends electronic claims to PCC
- PCC forwards electronic claims to
  - Other clearinghouses/intermediaries
  - Insurance companies (payors)

PCC's EDI Team determines..

- ...if a payor can receive electronic claims directly
- ...how to avoid clearinghouse and intermediary processing fees
- ...which is the most reliable among available claim routing options

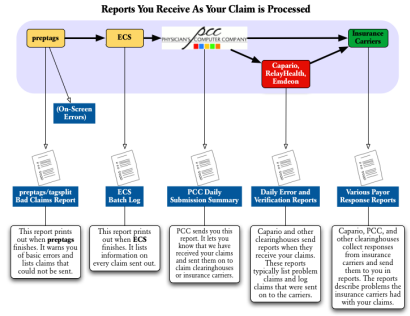
A PCC Electronic Claim Routing Diagram



Electronic claim responses are generated by...

1) Partner
2) The clearinghouse/intermediary
3) The payor

A PCC Electronic Claim Response Diagram



Partner Claim Responses

- `preptags` **Bad Claims Report**
  - **Results from basic claim data validation errors**
    - **Example:**
      - **Missing subscriber identifier**
    - **Lists claims not submitted by Partner and in need of correction**
- `ECS` **Batch Logs**
  - **Lists claims submitted by Partner**

Partner Claim Responses

Sample `preptags` Bad Claim Report Error

```
Date: 07/16/13  PCC #: 12345     Patient: Bart Simpson
        Guar PCC#: 54321         Cus PCC#: 54321
        Claim is for an insurance company no longer on the patient
        Charge filed with: AETNA
```


Clearinghouse/Intermediary Responses

- **Delivered via clearinghouse or gateway**
  - **Examples:**
    - **PCC Daily Submission Summary**
    - **Capario Daily Verification Report**
- **Rejected claims are not submitted to payors**
- **Accepted claims are submitted to payors**

Clearinghouse/Intermediary Responses

Sample PCC Daily Submission Summary Report

```
PCC CLEARINGHOUSE
DAILY SUBMISSION SUMMARY
FILE PROCESSING DATE: 07/16/2013
********************************************************************************
123456789  SPRINGFIELD PEDIATRICS                CLAIM BILLING DATE: 07/16/2013
********************************************************************************
  PATIENT / CLAIM           PATIENT NAME             CLAIM        CLAIM
     ID NUMBER          LAST            FIRST   MI FROM DATE     CHARGES
 ***************** ****************** ********** * **********    ********
AETNA                              PAYOR ID: 6005A
 23456 123456      SIMPSON           LISA         07/16/2013      485.00

123456789  TOTAL                 CLAIMS:        1  CHARGES:       485.00
```


Clearinghouse/Intermediary Responses

Sample Capario Daily Verification Report Error

```
23456 123456     SIMPSON             LISA           20130716     485.00 6005A
  CLAIM PROCESSING DATE: 20130716  CAPARIO TRACE #: 333333333333333
  VAN TRACE #: 23456 123456          PAYOR TRACE #:
  MESSAGES: REJECTED AT CLEARINGHOUSE PAYOR ID MISSING/INVALID (6005A) (6005A)
```


Payor Responses

- **Generated by the payor**
  - **Example:**
    - **Health Care Claim Acknowledgment Rep**
- **Forwarded via clearinghouse if applicab**
  - **Examples:**
    - **Availity Electronic Batch Report**
    - **Capario Payor Response Report**
- **NOTE: Payors need not comply!**

Payor Responses

Sample Capario Payor Response Report Error

```
34567 987654     SIMPSON              MAGGIE         20130717      70.00 60054
  CLAIM PROCESSING DATE: 20130718  CAPARIO TRACE #: 444444444444444
  VAN TRACE #: 34567 987654          PAYOR TRACE #: 999999999999999
  MESSAGES: ACK/RETURNED - ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES
            OF SERVICE. - PATIENT
```


The Partner Claim Identifier

- Partner assigns a unique identifier to every claim
- All electronic claims report the Partner claim identifier
- Payors return the Partner claim identifier in claim responses and remittance advice

The Partner Claim Identifier

- The Partner claim identifier is a sequential number
- Partner electronic claims combine the patient PCC number and Partner claim identifier with a space between

  12345 67890
  - 12345 = Patient PCC Number
  - 67890 = Partner Claim Identifier

Accessing Electronic Claim Responses in Partner

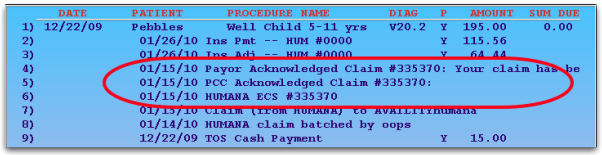
Correct Mistakes (`oops/oopsp`)

- **Use to access account/patient specific claim and response history**

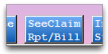
EDI Reports (`ecsreports`)

- **Use to access original/complete response reports by type and date**

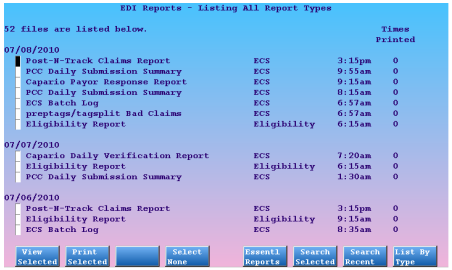
Electronic Claim Responses in Correct Mistakes (`oops`)



Use the <F3> `SeeClaimRpt/Bill` **function key to access the claim responses (lines 4, 5, and 6)**



Electronic Claim Responses in EDI Reports (`ecsreports`)



Tips for Using ecsreports

- Search for claims with the patient PCC number/Partner claim identifier combination for best results
- The <F5> function key toggles the display of essential and all reports
  - Essential reports include only those types which could include rejection messages

Learning to Use ecsreports

- ecsreports is documented at
  - http://learn.pcc.com/
- Our video tutorial is highly recommended!
  - http://downloads.pcc.com/videos/ecsreports01.htm

Correcting Common Claim Rejections

Common YTD 2013 Errors

- Invalid Subscriber/Patient Information
- Invalid Procedure Code (CPT/HCPCS)
- Invalid Billing Provider/NPI
- Invalid National Drug Code (NDC)
- Missing Original Claim Reference Numb

Correcting Common Claim Rejections

Invalid Subscriber/Patient Information

- Verify correct data in Partner and at the payor:
  - Names
  - Patient/subscriber identifiers
  - Birth dates
  - Patient relationship to the subscriber
- Verify eligibility and review benefits detail with Partner's `elig` program!

Correcting Common Claim Rejections

Invalid Procedure Code (CPT/HCPCS)

- Keep up-to-date with CPT additions, changes, and deletions
- Retire – don't delete/overwrite! – Procedures table (`ted`) entries with outdated codes
- Verify Partner Insurance Special Information Files (`I_` Files) are configured correctly
- Contact PCC Support for assistance!

Correcting Common Claim Rejections

Invalid Billing Provider/NPI

- Verify group (Type 2) and individual (Type
  NPPES registrations:
  https://nppes.cms.hhs.gov/
- Verify NPI/taxonomy code combinations a
  - Correctly registered with payors
  - Correctly assigned in Partner
    - (`ted`, Providers table)

Correcting Common Claim Rejections

Invalid National Drug Code (NDC)

- **FDA NDC Directory:** http://www.fda.gov/cder/ndc/database/default.htm
- **Verify NDC values are correctly assigned to `ted` Procedures table entries**

  `ted` ensures the "5-4-2" NDC format required for HIPAA transactions

  Example:

  11111-2222-33

Correcting Common Claim Rejections

Missing Original Claim Reference Number

- `oops/oopsp`, <F5> "Visit Status", Page 2 of 2:
  - **When a Claim Delay Reason is entered…**

    Example:

    09 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
  - **…the payor-assigned claim Reference Number must also be entered**

Questions?

Thanks!

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